



CITY OF CHICOPEE
WATER DEPARTMENT
115 Baskin Dr • Chicopee, MA 01020
Tel • 413/594-3420 Fax • 413/594-3461

ABATEMENT/REFUND REQUEST # _____

Alan Starzyk
WATER SUPERINTENDENT

ABATEMENT / REFUND REQUEST FORM

DATE OF REQUEST: _____ ACCOUNT _____

ACCOUNT NAME: _____

MAILING ADDRESS: _____

BILLING DATE: _____

BILLING PERIOD: From _____ To _____

REASON FOR ABATEMENT / REFUND (Complete Explanation): _____

CALCULATION FOR ABATEMENT / REFUND (Attach documentation): _____

AMOUNT OF ABATEMENT ☐: _____ CU. FT. _____ DOLLARS

AMOUNT OF REFUND ☐: _____ CU. FT. _____ DOLLARS

CURRENT READING: _____

PREPARED BY: _____ DATE: _____

ABATEMENT / REFUND DETERMINATION

This request was reviewed on (date): _____ and was:

GRANTED _____ DENIED _____ TABLED _____